



**CONSORTIUM**

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*Setting the standard for postgraduate training*

**2023 Annual Conference:  
Transforming Advanced Practice Postgraduate Training  
Stronger Together: Setting the Standards**



**CONSORTIUM**

FOR ADVANCED PRACTICE PROVIDERS

*Setting the standard for postgraduate training*

## **TRACK ONE: New Programs**

**Newly Developed and Soon-to-be Developing  
Postgraduate APP Programs: Program Planning,  
Launching and Support**

**TRACK ONE Grand Ballroom B**



# How to Build Your APP Postgraduate Training Program & Design the Curriculum

**East Boston Neighborhood Health Center  
Family Nurse Practitioner Residency Program**



# Presenters



**Katherine O'Brien, MSN, FNP- C**  
EBNHC Residency Director  
obrienk@ebnhc.org



**Bethany Croke, MSN, FNP-BC**  
EBNHC Residency Clinical Program Manager  
crokeb@ebnhc.org



# Learning Objectives

- Identify the key components of an APP Residency Program curriculum
- Describe effective strategies to develop your own APP Residency curriculum
- Apply and integrate Consortium standards into curriculum development



# Presentation Outline

- EBNHC & FNP Residency Program Overview
- Program Development
- Curriculum in Practice
- Q&A



# EBNHC & FNP Residency Overview



# East Boston Neighborhood Health Center

- One of the largest and oldest FQHCs in the country
- Serves over 100,000 patients per year and provides over 400,000 patient visits per year!
- Since opening in 1970, EBNHC has operated 24 hours a day, 7 days a week
- Only health center in New England, and one of the few in the country, to provide continuous care
- History of training Boston Medical Center Family Medicine and Internal Medicine residents

***Please visit [ebnhc.org](http://ebnhc.org) for more information!***





# EBNHC FNP Residency

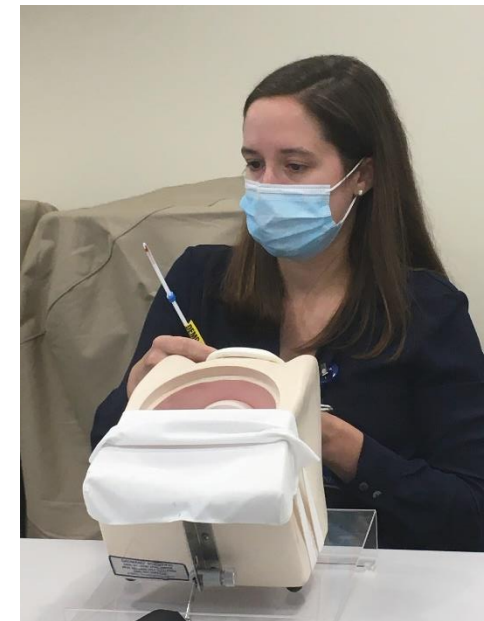
- Started July 6<sup>th</sup> 2021
- 3 FNP Residents
- 12 month program
- Per week:
  - 24 hours of Primary Care
  - 4 hours of Specialty Care
  - 4 hours Didactic
  - 4 hours QI
  - 4 hours Administrative time





## EBNHC FNP Residency (continued)

- 2<sup>nd</sup> (current) cohort to graduate August 2023
- Moving to 2 year program starting with 3<sup>rd</sup> cohort, Sept 2023



*Please visit [ebnhc.org/en/careers/residency-programs/fnp-residency/](https://ebnhc.org/en/careers/residency-programs/fnp-residency/) for more information!*



# Program Development



# FNP Residency Early Stages

- Received grant to start program as part of the MassHealth Delivery System Reform Incentive Payment (DSRIP) in December 2020
- 6 months to start program!
  - Program Director hired in 1/2021
  - Clinical Program Manager hired in 2/2021
- Where do we start?!
  - Research, research, research!
  - Read “Training the Next Generation: Residency Programs for Nurse Practitioners in Community Health Centers” (multiple times!)
  - Read Consortium Accreditation Standards
  - Met via zoom with Mass Residency Program Directors and Consortium Leadership

**\* Lesson learned – reach out, they will actually meet with you, and for free!**



# Initial Tasks

- Met with EBNHC marketing team to develop website & online application
- Recruit for applicants at FNP Schools
- Recruit internally for clinical faculty

**\* Lesson learned – get to know your organization, and use your connections!**



# First Residency Cohort Selection Process

- 42 applications received: residency director and manager review each one, rank based on Consortium guidelines
- March: 4 weeks of interviews, 16 candidates interviewed, 4 per week
- Individual Interviews with Residency Director, Clinical Manager and Residency Advisor
- Ranked again with guidance from Consortium guidelines

**\* Lesson learned – interview less candidates!**



# Sponsoring Organization (EBNHC) Tasks

- Wrote and presented residency policies at EBNHC Medical Standards Committee for policy approvals
  - **Lots** of meetings to promote program!
    - Advocate for residency space/office
    - Train preceptor team
    - Need to ensure HR understands resident positions, contracts
    - Form Residency Advisory Committee
    - Multiple budget meetings
- \* Lessons learned – all new policies have to be approved by a committee, and document every meeting you have!**



# Residency Specific Tasks

- Wrote competencies (see upcoming slide)
- Chose evaluation system & made evaluations
- Planned orientation





# Competency Development

- Developed competencies for primary care & 14 specialties
- Built off of the Consortium Standards- Standard 2 Curriculum Sub-competencies by Domain
- “KSA”: Knowledge, Skills, Attitudes
- Competencies are also linked directly to the evaluation process

**\*Lessons learned- think about accreditation and work backwards!  
AND your curriculum is every element in the program that  
prepares your residents**



# Additional Lessons Learned from Year One

- Changed start date to September
  - Credentialing process is long!
- Longer orientation
  - Extended from 2 weeks to 4 weeks
  - Allows more time for shadowing/mentor clinics



# Our Curriculum in Practice

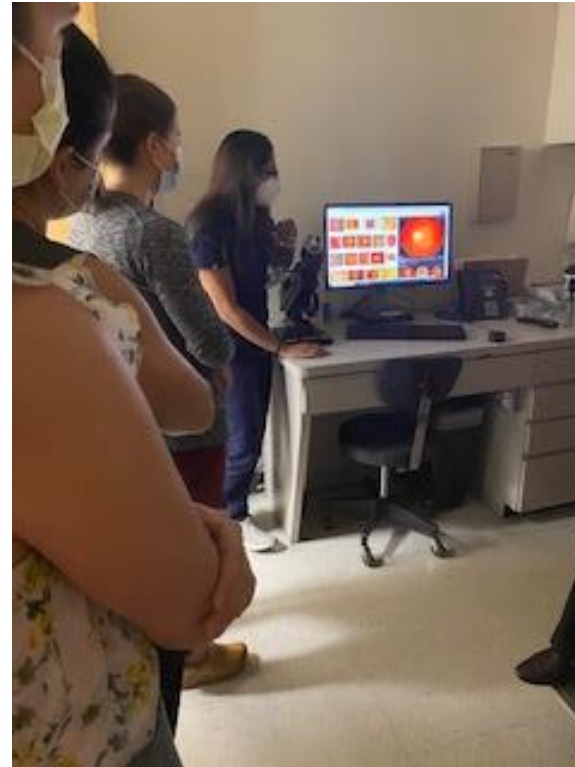


## Curriculum Element: Clinic Based Practice- Primary Care

- Target panel size is 400 patients per resident
- Yearly visit target is 1250
- Use weekly productivity reports
  - Track hours available, hours booked, patients per hour, total patients seen and no show rate
  - Resident Goal: 2 patients per hour by graduation
- Follow ramp up plan in Training the Next Generation Guidebook

## Curriculum Element: Clinic Based Practice- Specialty Rotations

- 8 week long sessions, 6 per year
- 1:1
- Boston Medical Center specialists on site at EBNHC
- Competencies sent to Resident and Preceptor prior to session





# Example Schedule- Outlook Calendar

<b>13</b> 8:00 AM 12:00 PM <b>Administrative</b> 1:00 PM 5:00 PM <b>Dr Mauch</b>	<b>14</b> 8:00 AM 12:00 PM <b>Kristen Ja</b> 12:00 PM 1:00 PM <b>Primary C</b> 1:00 PM 5:00 PM <b>Kathryn Tr</b>	<b>15</b> 12:00 PM 4:00 PM <b>Katie O'Bi</b> 12:00 PM 4:00 PM <b>Procedure</b> 5:00 PM 9:00 PM <b>Pedi Same</b>	<b>16</b> 8:00 AM 9:00 AM <b>Team Build</b> 9:00 AM 12:00 PM <b>Bethany C</b> 1:00 PM 5:00 PM <b>Didactic- N</b> 2:00 PM 4:00 PM <b>MSK neck i</b>	<b>17</b> 8:00 AM 12:00 PM <b>Bethany C</b> 1:00 PM 5:00 PM <b>Dr Geldwe</b>
<b>20</b> 8:00 AM 12:00 PM <b>Administrative</b> 1:00 PM 5:00 PM <b>Dr Mauch</b>	<b>21</b> 8:00 AM 12:00 PM <b>Katie Pre</b> 1:00 PM 5:00 PM <b>Kathryn Tr</b>	<b>22</b> 12:00 PM 4:00 PM <b>Katie O'Bi</b> 12:00 PM 4:00 PM <b>Procedure</b> 5:00 PM 9:00 PM <b>Pedi Same</b>	<b>23</b> 8:00 AM 9:00 AM <b>Education</b> 9:00 AM 12:00 PM <b>Bethany C</b> 1:00 PM 5:00 PM <b>Didactic- D</b>	<b>24</b> 8:00 AM 10:00 AM <b>Bethany C</b> 10:00 AM 12:00 PM <b>QI/Schw</b> 1:00 PM 5:00 PM <b>Dr Setty Pr</b>

Monday	Tuesday	Wednesday	Thursday	Friday
Administrative Time	Primary Care	Primary Care with Procedure Clinic	Weekly Staff Meeting Primary Care	Primary Care/QI
Primary Care	Primary Care	Specialty	Didactic	Primary Care



## Lessons Learned from Year One for Clinic Based Practice

Residents need more:

### Procedures

- Made weekly procedure session within a primary care block

### Pediatric experience

- Formed pediatric specialty rotation in our clinic's acute pediatric clinic

### Prenatal care experience

- Scheduled additional OB-GYN rotation with focus on prenatal care



# Curriculum Element: Didactics

- One 4 hour session per week
- Developed list of topics based on EBNHC clinician expertise, resident requests, “what I wish I knew”
- Goal: build upon residents’ graduate nursing education
- Each week has a lesson plan with learning objectives & a resident case presentation
- Lecture given by either myself or guest expert lecturer
- Followed by discussion of relevant EBG & case studies
- Other Curriculum Core Elements Woven into Didactics: SDOH, Population Health, DEI

**\*Lesson learned- this will always  
be a work in progress!**





# Example Didactic Topics

## Orientation:

- Residency Expectations & Overview
- Epic Training
- Billing and Coding basics
- Soap Note/Documentation Standards
- Review of Adult Health Maintenance/Screenings
- WCC Birth through School Age
- Social Determinants of Health/Population Health Overview/Intro to QI
- LARC Contraception Didactic & Nexplanon/IUD trainings
- Communication Techniques- Interviewing Skills Workshop
- Communication Techniques- Basics: MI/Patient- Centered Communication
- Trauma Informed Care
- Developing & Answering Clinical Questions/Use of EBG in Practice
- Inbasket Management
- Common Acute Concerns- Adults
- Immigrant Health
- Routine Prenatal Care (Intake through Postpartum)/ATU Overview
- Shadowing: Pedi Asthma (2 residents) and Recovery Services (1 resident)
- Prenatal Care Complications- GDM, gHTN, Pre-eclampsia, Cholestasis, Anemia, PTL
- Sylvie Ratelle Wet Mount Course
- Anemias/Lab interpretation module for CBC
- Elevated LFTs/Lab interpretation module for LFTs
- ABCD Contraception Training Part 1
- ABCD Contraception Training Part 2
- Common Pedi Acute Concerns
- Renal: AKI and CKD/Lab Interpretation module BMP Part 1
- Hematuria & Proteinuria/Lab interpretation module for UA



# Example Didactic Topics (continued)

- Asthma Clinical Pharmacy Review
- Abnormal PAP smear Interpretation/HPV
- EKG Interpretation from Primary Care Perspective
- Communication Techniques-Difficult Patients
- MSK: Neck and Back
- DEI Training/Racism in Healthcare
- Pulmonary: COPD/OSA/Smoking Cessation
- Shadowing: Pedi Asthma (2 residents) and Recovery Services (1 resident)
- Geriatrics
- T2DM with pharmacology update, lab interpretation BMP part 2 module
- Adolescent/School based & High Risk Teen Health
- MSK: shoulder/wrist/elbow
- Osteoporosis
- STIs: Sylvie Ratelle Center: 2 days May 1 and May 2
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- HEENT Topics: Dysphagia, Vertigo, Tinnitus
- MSK: hip/knee/ankle
- Adult Anxiety/Depression
- Dermatology- Part One (Pedi)
- Dermatology- Part Two (Adult)
- Dermatology- Part Three (Adult & Review Cases)
- Primary Care for Transgender and Gender Diverse People
- Bleeding in Early Pregnancy/SAB/Ectopic Pregnancy
- Rheumatology
- Male GU/BPH & Prostate Cancer recognition/management in Primary Care: Testosterone lab module 20 min
- Menopause- Lab interpretation module Endocrine
- End of Life Care
- Thyroid & Adrenal Nodules in Primary Care- Lab interpretation module TSH
- Breast Cancer Recognition/Management in Primary Care
- Dizziness-
- HIV/nPEP/pRep
- Professional Issues: Malpractice/Legal, Nursing Leadership/Advocacy, Policy



# Example Didactic Lesson Plan

## Every Week:

- **30 min: Check In**
  - What went well from the past week? What not so well?
  - Quick questions: lab review/patient follow ups
- **30 min: 1 Resident Case Presentation**
  - Follows case presentation outline
  - Ideally a case on topic that relates to didactic topic, but doesn't have to be
- **15 min break**
- **End the session with 30 min of journal writing, didactic evaluation**

## Topic of the Week: Renal Disease, AKI & CKD

- **Learning Objectives:**
  - Understand normal kidney function and deviations from normal
  - Identify how kidney dysfunction manifests across multiple organ systems
  - Compare and contrast the histories and clinical presentations of AKI and CKD
  - Understand the management of AKI and CKD across different patient populations
- **60 min lecture given by: Bethany Croke**
- **45 min supplemental material**
  - Lab interpretation: BUN/Cr, Hyperkalemia & Hypercalcemia
  - STFM case study
  - AAFP pdf articles: AKI, CKD



# Example of Resident Case Presentation Outline

## Case Overview

- SOAP note format
- Differential Diagnosis/share your thought process
- Must discuss how social determinants of health (SDOH) affected this case
- Share what you struggled with/what you learned from this patient case
- Form at least one PICOT question related to the case that can help guide the patient's unmet needs and/or your own learning needs
- If a unique/rare diagnosis, share some information about it

## Generate Discussion: Questions for the Audience

### Can use a mix of:

- Knowledge/fact checks
- Seeking advice from your peers: "What would you do?"/Alternative approaches to differential and treatment plans

## Role of the NP Discussion

- What specific areas are applicable to NP practice?
- Can the NP role be expanded in this area?

**Include relevant, evidence based research/guidelines and discuss them**



# Curriculum Element: Systems Based Practice & QI

- Panel management and QI metric review
- Use Epic Quality Dashboard to run reports, track population health metrics
  - Metrics determined by the health center; match ACO & other insurers' goals
  - Begin to review their personal dashboard and patient panel after ~3 months of seeing patients
  - Then identify a metric that they wish to focus on and that they feel they can improve during their daily clinical practice (rather than relying upon a health center initiative)
  - Troubleshoot ways to change their daily practice in a way that positively impacts their chosen metric
  - Continue to review dashboard every 1-2 months to assess progress
- Incorporates population health and technology curriculum core elements



## Curriculum Element: Systems Based Practice & QI (continued)

- Incorporate teaching materials from Institute of Healthcare Improvement (IHI)
- Support residents for their year long QI project
  - 1<sup>st</sup> year: Improving workflows for HTN/Nursing BP check visits
  - 2<sup>nd</sup> (current year): Implement Schwartz Rounds
- Residents attend EBNHC Performance Improvement Meetings

**\*Lesson learned-  
reduced weekly QI time after first cohort**

## Curriculum Element: Leadership & Professional Development



*National NP Week, November 2022*

- **Professional Issues Didactic:**
  - Advocacy, Policy, Ethics
- **Attend weekly staff & team meetings:**
  - High risk patients, panel management
- **Have access to CME reimbursement**
  - Guide residents to choose appropriate conferences
  - Review requirements for recertification



Q&A Time





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**TRACK ONE: Grand Ballroom B**

**Session Two will begin at 2:15pm**

# Building the pieces of Orientation for Postgraduate Trainees



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## Presenters:

Charise Corsino, MA, Program Director of the Nurse Practitioner Programs at Community Health Center, Inc.

Milagros Pilla, Former Program Manager, Nurse Practitioner Fellowships at Thundermist Health Center



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**6th Annual Conference Agenda**  
Sunday-Monday, July 23-24, 2023

Day One: Sunday, July 23, 2023  
Track One: New Programs  
Session 2: 2:15pm-3:15pm

# Disclosures



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**We have no financial disclosure or conflicts of interest in relation to the material presented today.**

# Learning Objectives



By the end of this session participants will understand:

1. The key elements of a comprehensive orientation for incoming trainees
2. How to plan and implement a successful orientation
3. How to set trainees up for success through an immersive orientation experience

# Orientation Overview

## The components

1. To the ORGANIZATION
2. To the PROGRAM
3. To the SITE
4. To the COMMUNITY

## The basics

- Takes place over the course of 3 to 4 weeks
- Includes both organizational and clinical trainings
- Completed in person at the service delivery site



# Planning and Logistics



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## Considerations for Planning

- Lead time for planning 2 months
- Planning content and preparation time for presenters
- Communication with trainees in lead up to orientation date

## Logistics

- Space
- In person, remote, hybrid
- Staff and time needed
- Food

# Employee Orientation

- Residents/fellows should go through normal new hire employee orientation
- Covers organizational trainings, policies and procedures, technical trainings
- Coordinate with HR team
  - know what they cover in orientation
  - reduce any redundancies between program and employee orientation
- Should include intensive EMR training



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# NP Residency Program Orientation

## Considerations on what to include:

- Setting expectations for the program year
- History
  - Health centers, your organization, the program
- Core clinical topics
  - Commonly encountered clinical topics as refreshers
- Cohort building
  - An opportunity to build cohort connection among peers
- Professional development



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# Program Orientation Example

<b>Day 1: Tuesday, September 13th</b>	
12-12:15 PM	Welcome
12:15-1 PM	CHCI Welcome and Introductions
1-2 PM	History of the Health Center Movement
2-3 PM	Model of Care and Patient-Centered Medical Home
3-3:15 PM	Break
3:15-4 PM	Peer Meet and Greet
4-4:30 PM	Population Health and Quality Metrics
4:30-5 PM	Program Engagement Expectations

<b>Day 2: Wednesday, September 14th</b>	
12-1:30 PM	History and Interviewing
1:30-1:45 PM	Break
1:45-3:30 PM	Chronic Pain Management
3:30-5 PM	Building Resiliency in Your Practice
<b>Day 3: Thursday, September 15th</b>	
12-2 PM	Health Equity Primer
2-2:15 PM	Break
2:15-3 PM	Technology Platform Training
3-5 PM	Center for Key Populations Primer
<b>Day 4: Friday, September 16th</b>	
12-12:30 PM	Peer Connect
12:30-1:30 PM	Resident Alumni Panel
1:30-3:30 PM	Lab Values in Primary Care
3:30-5 PM	Professional Development

# Site Orientation

1. Introduction to site leadership
2. Shadowing all positions on staff
  - ❖ Front desk staff
  - ❖ Nurse, Medical Assistant, PCP
  - ❖ Behavioral Health
  - ❖ Dental
  - ❖ Other services: nutritionist, pharmacist, diabetes educator, lactation consultant

 Weitzman  
Institute  
inspiring primary care innovation



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# Community Orientation

- Community Tours:
  - Meetings with community leaders and key stakeholders
  - Opportunity for residents to learn about the community they will serve from the lens of partners
  - Opportunity for the community to learn about the program and your organization
- Introduction to UDS data



# Sample Community Orientation



Time	Meeting with	Organization
9:00 to 9:30	Yvette-Highsmith Francis, Regional VP	Community Health Center, Inc. MEET and GREET
9:30 to 10:00	Kevin Elak, RS, CP-FS Public Health Manager	City of Middletown, Department of Health
10:00 – 10:30	Mayor Ben Florsheim	City of Middletown
10:30-11:00	Gary Wallace	CHCI, Director of Community Engagement and Relations, Former Middletown PD
11:00 – 11:30	Break	
11:30 – 12:00	Dr. Vasquez Matos, Superintendent	Middletown Public Schools
12:00 to 1:00	All staff Middletown meeting	
1:00 to 2:00	Lunch	
2:00 – 4:00	Immersion Excursion (Residents only)	



# Community Immersion Excursion

## Community Immersion Excursion

As you know by now ... we are a COMMUNITY Health Center ... and the community where your home site is located is where your patients often live and work. Knowing your community will allow you to better understand the context in which your patients and their families live. It will help you better care for their needs clinically, but also attend to their social and emotional well-being.

As part of your community orientation we want you to take some time to immerse yourself in your new community. Start by walking the area around your health center. Below is a list of points of interest to find. You may not be able to walk to all of these, but Google is your friend! Please fill in the answers below with what you find during your excursion.

In addition, document your excursion with pictures with your co-resident. Take at least 10 pictures documenting some of these items below and we want to see you in some of them (hint: selfies!). **Send pictures and your completed form (one form per pair/group of residents) by email to your Program Specialist and Charise Corsino at the end of your excursion.**

- What are the nearest pharmacies?
- What is the nearest place to buy food (fast food, bodegas, etc.)? Describe the food that is available.
- Where is the nearest grocery store?
- What is the nearest public school?
- What are the nearby houses of worship?
- What kinds of shops, stores, restaurants are nearby? Did you see any particular ethnic groups you see represented?
- What kinds of housing are near the site? (Houses, multi-family units, large complexes)?
- Locate your local police station, fire house, public library, and courthouse.
- Are there other health care related organizations or businesses nearby?
- Describe any activity or social organizations that are nearby.
- Are there any parks, playgrounds, or open spaces near the site? Describe them.
- Did you see any community organizations that you want to learn more about?



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- Opportunity for peer/cohort bonding
- Ask residents to apply their UDS Data skills
- Ask residents to share a written reflection on the overall experience

# Community Orientation Resident Reflections



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My home site is very new to me. Before starting the program, I casually searched information about the city. However, the community tour gave me more of an insight than my google search. I was appreciative of the community leaders taking the time to speak to my co-resident and I. During our walking/driving tour we got the opportunity to visit the Homeless Center. It was great to learn about all the available services there. CHC serves 1 in 4 community residents, therefore CHC is very vital to the community. It made me realize that it is very important to know the community and resources that are available.

The community tour was an excellent experience! Highly recommend that this always be a part of our time in orientation. It was great to get a sense of what resources are available to patients and where they are located. Many services are co-located nearby the clinic which is excellent for patients who don't want to travel all over the place.

Reflecting on the sites and events of the day, I am struck by the wealth of resources available to the community, and I am left wondering about their utilization and how it has changed over time. As a community's needs evolve, so must the resources, and I am eager to lend my "two hands and two feet" to evolve with the community.

# Community Event

- An opportunity to ...
  - Connect with community members
  - Connect with peers
  - Connect with other staff
  - Connect to your mission
  - Connect with community, local, and/or state leaders



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# Sample of Month September Orientation



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Mon	Tue	Wed	Thu	Fri
<b>5</b>  <b>Labor Day – CHC Closed</b>	<b>6</b>  CHC New Hire Orientation 10-5 (In person)	<b>7</b>  CHC New Hire Orientation 10-5 Telehealth Training 3 – 4	<b>8</b>  Day 1 - EMR Training (all tracks) – 8 to 12  Health Stream 1 to 5	<b>9</b>  Day 2 - EMR Training 8 to 12 (medical)  Health Stream (medical) 1 to 5  Health Stream (psych) 8-12 Day 2 EMR Training (psych) 1 – 5
<b>12</b>  Day 3 EMR Training 8 to 12 (medical) Site orientation and shadowing of roles Day 3 EMR Training (psych) 1 – 5	<b>13</b>  Pre-orientation prep work:  NP Residency Program Orientation 12-5	<b>14</b>  NP Residency Program Intro 9 to 11 (in person – Middletown)  NP Residency Program Orientation 12-5	<b>15</b>  Health Stream (psych) 9-11 or MAT Waiver Training Nexplanon 8:30 to 11 (in person – Middletown) NP Residency Program Orientation 12-5	<b>16</b>  Health Stream 9 to 11 complete 1 <sup>st</sup> journal  NP Residency Program Orientation 12-5



# Sample of Month September Orientation



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<p><b>19</b></p> <p>Dan Bryant – Harm Reduction 9 -12 Virtual</p> <p>Immunization training 1 to 5 ZOOM</p> <p>Intro to BH (1-4) Tim Kearney Psych and Post Docs</p>	<p><b>20</b></p> <p>CNO Training 9 – 11:30</p> <p>Afternoon With Nicole 1-5</p> <ul style="list-style-type: none"> <li>- Mock telehealth practice</li> <li>- Common forms – physical, DCF, WIC</li> <li>- Review of Codes (mock code blue)</li> <li>- Role of the MA and common pain points (with Amanda R)</li> </ul> <p>Documentation Primer Doris Dakpui 1 -4</p>	<p><b>21</b></p> <p>Community tour NL Community tour STAM</p> <p>(MDTN, NB, MER, HART – shadowing at sites)</p>	<p><b>22</b></p> <p>CHC meetings</p> <ul style="list-style-type: none"> <li>• 9 to 10 – Stand down - Oral health training</li> <li>• 10 to 11 - Billing and Coding</li> <li>• 11 to 12 - BREAK</li> </ul> <p>Psych – 10 to 11:30 Suicide Assessment – Joint with Post Doc Virtual CMO Training – 11 to 5</p>	<p><b>23</b></p> <p><b>STAND DOWN EVENT community event</b></p> <p>Procedures Training 1 to 5 (in person – 19 Grand Community Room )</p> <p>PMHNP – 1 to 2:30 Intro to Psychiatry with Dr. Armah</p>
<p><b>26</b></p> <p>Community Tour NB</p> <p>(MDTN, NL, MER, STAM, HART – shadowing at sites)</p> <p>Community Tour Waterbury/Danbury</p>	<p><b>27</b></p> <p>CHC meetings 9-12</p> <ul style="list-style-type: none"> <li>• 9 to 10 – Pharmacy and 340b</li> <li>• 10 to 11 – ATC Overview</li> <li>• 11 to 12 - - Evaluations time Initial self assessments, PDP, weekly journal</li> </ul> <p>Professional Boundaries Training 1 to 4 – self paced online</p>	<p><b>28</b></p> <p>CHC meetings 9-12</p> <ul style="list-style-type: none"> <li>• 9 to 10:30 CKP Intro</li> <li>• 10:30 to 11:30 Overview of Telehealth Specialties</li> </ul> <p>Smiles for Life – FNP, PNP only (4 courses – 1 hour each) Medmastery PMHNP Dr. Armah Individual Psych Meetings</p>	<p><b>29</b></p> <p>CHC meetings 9-12</p> <ul style="list-style-type: none"> <li>• 9 to 10 - Project ECHO</li> <li>• 10 to 11 – Pop Health</li> <li>• 11 to 12 – JEDI Discussion</li> </ul> <p><b>1<sup>st</sup> didactic sessions 2 to 5</b></p>	<p><b>30</b></p> <p>Community tour MDTN Community tour MER</p> <p>(NB, NL,, STAM, HART – shadowing at sites)</p> <p>PMHNP Dr. Armah Individual Psych Meetings</p>

# What to Take Away




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1. Orientation should be an intensive, thoughtfully designed onboarding experience that will set your trainees up for success in your program and organization
2. Include key staff and stakeholders to support in the onboarding process to allow trainees to interact with a wide variety of staff both as introductions and learning process
3. Orientation to the community is a critical component to get trainees ready for their clinical experiences in your communities



Preparation  
Meetings &  
Planning



Scheduling &  
Finalizing Plans



Orientation Objective  
– Building Block to the  
program year

# Learning Objectives

By the end of this session participants will understand:

1. The key elements of a comprehensive orientation for incoming trainees
2. How to plan and implement a successful orientation
3. How to set trainees up for success through an immersive orientation experience



## SCHEDULING

### Preparation Meetings & Planning – Phase I

- Planning begins immediately after interviews are completed and cohort participants have been selected
- Creating list of department leads, program coordinators, program preceptors, support staff and community partners (Here you are starting to format your orientation schedule)
- Cultivating relationships between fellows/residents and Human Resources; Important to establish credentialing and privileging responsibilities and timelines
- Introducing full cohorts to each other
- Setting up Specialty Rotation Site Visits

## Scheduling & Finalizing Plans - Phase 2

- Planning orientation space & applicable equipment
- Creating the orientation scheduling grid including space and invited participants for Meet & Greet
- Send out invitations to department leads, program coordinators, program preceptors, support staff and community partners
- Continuous check in with incoming fellow/residents; Maintain credentialing and privileging timelines
- Complete Specialty Rotation Site Visits
- Work with site coordinating team for ordering of food, blocking space/offices needed for various meetings and trainings

# Key elements of Orientation – Building Block to the program year

## Phase 3

- Program Overview
- Setting program expectations & timelines ( Weekly journaling, self-assessment and evaluation purpose and completion)
- The who, when and how of navigating
- Review of key roles and responsibilities
- Collaborating between program and sponsoring agency
- Trainings
- Community Enga

# ORIENTATION PREPARATION OVERVIEW

## Scheduling

Orientation Setting (In-house, Remote, or Hybrid)

Booking space

Scheduling Invites (Program introduction, trainings for newly onboarded staff and staff you want fellows/residents to meet.



## Community

Meeting community partners & engagement

Understanding the community we serve



## Program

History

Objectives & Expectations

Team Building

Roles

## Agency

Institutional Knowledge

Department & Program Overviews

New Employee Orientation





# Orientation Sample – Week One

Date & Location(s):		Time:	Details & Fellows Attending:	WEEK 1 PRIMARY
Monday, August 30, 2021		Time:	ALL PMHNP & PC	THC Staff Invited/Confirmed:
<u>AM/PM Session Location:</u>	8am - 8:50am		Welcome	Welcome & Kit; Meet & Greet (Fellows), Obtain Laptops & Badges
Medical	8:50am - 1:15pm		Login EMR Training, Orientation & EMRI	Program Manager available for support
Location	1:15pm - 2pm		Lunch Break & Prep for afternoon session	
Meeting Space	2pm - 4:30pm		HR Credentialing/Benefit Orientation Follow-up, Q&A, Close	
Tuesday, August 31, 2021		Time:	ALL PMHNP & PC	THC Staff Invited/Confirmed:
<u>AM/PM Session Location:</u>	8am - 8:15am		Open	Program Manager (Onsite w/fellows)
Medical	8:15am - 8:45am		Welcome w/Program Director	
Location	8:45am - 1pm		Login for the EMR/EMR II Training	
Meeting Space	1:15pm - 4:30pm		Lunch, RELIAS Testing & Items to Complete Dedicated Time	
Wednesday, September 1, 2021		Time:	ALL PMHNP & PC	THC Staff Invited/Confirmed:
<u>AM/PM Session Location:</u>	8:30am - 8:45am		Open	
Medical	8:45am - 9am		Login for the EMR Training	
Location	9am - 1:45pm		EMR III & Lunch Break	
Meeting Space	1:45pm - 3pm		Travel to WW Dental; Tour Dental Site & Safety Tour & M&G	Practice Director/Manager
	3pm - 4:15pm		Travel back to Medical; Tour & Safety Tour Medical Site	Practice Director/Manager
	4pm - 4:30pm		Close	
Thursday, September 2, 2021		Time:	ALL PMHNP & PC	Staff Invited/Confirmed:
<u>AM/PM Session Location:</u>	8:30am - 9am		Open	
Medical	9am - 12pm		Part 1: Intro & Break; Part 2 & 3: Size-Inclusive Approach, etc	Size-Inclusive Health Care Manager
Location	12pm - 12:45pm		Lunch Break	
Meeting Space	12:45pm - 2:30pm		Meet & Greet w/Chief of Innovation, BH and Social Services	
	2:30pm - 3:30pm		Meet & Greet w/Director of Community Care Management	
	3:30pm - 4pm		Meet & Greet - Chief Admin/Compliance Officer & Close	Program Manager (Onsite w/fellows)
Friday, September 3, 2021		Time:	ALL PMHNP & PC	THC Staff Invited/Confirmed:
<u>AM/PM Session Location:</u>	9am - 9:30am		Open	Program Manager (Onsite w/fellows)
Medical	9am – 12pm		Meet & Greet – Referrals & PA Dept Manager, Pharmacist, Patient Service Representative, HR Employee Relations Mngr	
Location	12pm - 12:40pm		Lunch Break	
Meeting Space	12:45pm - 2pm		Meet & Greet – CEO & Close Week	

## Fellows/Residents Meet & Greet

- Program Leadership & Staff – Program Director, Program Manager, Preceptors, Mentors, Advisory Committee Members, Specialty Rotation Preceptors/Instructors, POD Team (RN, MA, PSR)
- Sponsoring Agency Senior Leadership
- HR Department – Credentialing & Privileging, HR Specialist & Employee Relations Staff
- IT Department – Equipment, security & workflow
- Program Support Staff - Social Services, BH Team, Community Health Team and Nurse Care Managers
- Shadowing Experiences – Site Medical Director, Program Preceptor, Registered Nurse, Medical Assistant, Patient Service Representative, Former Fellow/resident, & Program Director (in clinical setting)

# Fellows/Residents Agency Program Trainings

- Procedure Clinic
- Orientation w/Partner agency CHC (4 Half days/remote)
- Tips & Tricks with former Fellow/Resident
- Trans Health
- Equity & Inclusion
- Health Equity Zone
- Medication Assistance Treatment
- Trauma Training
- \*Waiver Training
- Pediatric Behavioral Health Program
- Food Access Program
- Smoking Cessation

## Fellows/Residents Meet & Greets in the Community

- Community Action Agency
- Senior Center, Library, and other community area meeting programs and sites
- Community Garden & Farmers Market
- Houseless shelters
- Area programs supporting and advocating for Children and Families
- Treatment programs
- Local Veterans Home/Case Management Support Team



**Community**  
Health Center, Inc.

**Thank you!**

**QUESTIONS**

